



3791

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PATENT
Docket No. 270/180
24730-7119

JAN 03 2003
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
TECHNOLOGY CENTER R3700

In re the Application of:

Robert M. Abrams

Serial No.: 10/001,538

Filed: November 14, 2001

For: SYSTEM AND METHOD FOR
DETACHING A COVERING FROM AN
IMPLANTABLE MEDICAL DEVICE

Group Art Unit: 3731

Examiner: Julian Woo

POWER OF ATTORNEY TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an original executed Power of Attorney (Revocation of Prior Powers) for the above-identified application.

Respectfully submitted,

BIGHAM McCUTCHEN LLP

Dated: 12-16-02

By: DTT Burse
David T. Burse
Reg. No. 37,104

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CERTIFICATE OF MAILING
(37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

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**PROSECUTION BY ASSIGNEE AND POWER OF ATTORNEY
(Revocation of Prior Powers) UNDER 37 C.F.R. § 3.71**

Commissioner for Patents
Washington, D.C. 20231

Sir:

SciMed Life Systems, Inc., a **Minnesota** Corporation, the assignee of the entire right, title and interest in this patent application, under 37 C.F.R. § 3.71 hereby revokes all powers of attorneys previously given and hereby appoints all attorneys associated with:

Customer Number 23639



23639

PATENT TRADEMARK OFFICE

with full powers of substitution and revocation, to prosecute this application and transact all matters in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefore before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, said appointment to be to the exclusion of the inventors and their attorneys in accordance with the provisions of 37 C.F.R. § 3.71.

Correspondence Address

Please change the correspondence address and direct all written communications relative to this application to:

David T. Burse
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San Francisco, CA 94111-4067

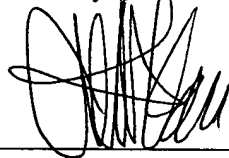
Please direct all telephone communications to David T. Burse at (650) 849-4400

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

- ☐ is filed for recordation herewith; or
☒ was recorded at Reel 010471, Frame 0718; or
☐ has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

SciMed Life Systems, Inc.



Dated: 12-10-02

By: _____

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